

REQUEST FOR CONFIRMATION OF CHILD'S INDIAN STATUS

TO:

Date of Request: _____
(mm/dd/yyyy)

Case Number: _____

ATTN: Tribal ICWA Agent

| | | |
|---------------------------------------|--|------------------------|
| 1. Name - Child (Last, First, Middle) | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Birthdate (mm/dd/yyyy) |
| Birth Place (City, State) | | |
| 2. Name - Child (Last, First, Middle) | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Birthdate (mm/dd/yyyy) |
| Birth Place (City, State) | | |
| 3. Name - Child (Last, First, Middle) | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Birthdate (mm/dd/yyyy) |
| Birth Place (City, State) | | |

Our agency is involved with the family of the above-named child(ren). Review the attached information regarding the child(ren) and notify us as soon as possible as to whether he or she is a member of the tribe or the biological child of a member of the tribe and eligible for membership. The following documents are attached.

- ☐ Screening for Child's Status as Indian
☐ Child's Biological Family History Chart

- ☐ Yes ☐ No An Involuntary Child Custody Proceeding has been initiated.
☐ Notice of Involuntary Child Custody Proceeding Involving Indian Child attached.

Your immediate attention and response to this matter is greatly appreciated. Since this child's (these children's) legal status in regard to the Indian Child Welfare Act is uncertain, we are unable to properly plan for the child in the absence of the requested information.

Send Confirmation / Information to:

| | | | |
|--|------------------|------------|--|
| Name - Agency | Name - Worker | | |
| Address - Agency (Street, City, State, Zip Code) | Telephone Number | Fax Number | |
| E-Mail Address | | | |